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Attorney Docket Number

	N FOR UTILITY OR ESIGN	First Named Inve	ntor	Philip J.	Campai
	APPLICATION	COM	COMPLETE IF KNOWN		
•	FR 1.63)	Application Numb	er	/	
Declaration Submitted with Initial Filing		Filing Date	July	7 10, 2001	
		Group Art Unit		10, 2001	
	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			
As a below named inven	or, I hereby declare that:				
My residence, mailing add	ress, and citizenship are as stated	d below next to my name.			
I believe I am the original.	first and sole inventor (if only one	name is listed below) or	an original, 1	irst and joint invento	r (if plural
names are listed below) of	the subject matter which is claim	ed and for which a paten	t is sought o	n the invention entitle	ed:
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below						
Name Philip J. Campaigne						
Address 101 Slough Road						
City Harvard		State MA	ZIP 01451			
Country USA Tel	Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :						
Given Name (first and middle [if any]) Philip James  Family Name or Surname Campaigne						
Inventor's Signature Date 07/10/2001						
Residence: City Harvard State		Country USA	US Citizenship			
Mailing Address 101 Slough Road						
<b>City</b> Harvard	State MA	<b>ZIP</b> 01451	Country USA			
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])  Family Name or Surname						
Inventor's Signature Date						
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						